Los Angeles County Bed Status Report: Part 2

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Presentation Goals

- The Local Emergency for Homelessness was declared to expedite the delivery of housing and services to the tens of thousands of people experiencing homelessness
- A key component of these resources is beds, especially for people experiencing homelessness and suffering from severe mental illness and substance use disorders
- County mental health, substance use, and housing beds serve the general population and others, such as:
  - People experiencing homelessness;
  - Probation population;
  - Jail population;
  - LPS conservatees;
  - Persons mentally incompetent to stand trial.
- These beds are both operated by the County and by community providers that contract with the County
- The Departments will focus this presentation on the number of current beds, beds that are funded and in development and funding for these beds
- In the course of this presentation, each Department will also highlight one of three major factors shaping the County's ability to drive bed linkage and coordination: IMD exclusions, CalAIM, and medical necessity

LA County Cross-Department "Continuum of Care"

	Treatment Beds				Housing Beds		
	Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Crisis Residential/ Extended Residential	Licensed Residential Care	Interim Housing	Permanent Housing
	Up to 24 hours (licensed; except sobering center)	*Hospital level care (licensed)*		*Residential with onsite clinical/treatment services (licensed)*	*Residential "board and care" (licensed)*	*Shelter with supportive services (unlicensed)*	*Permanent housing with supportive services (unlicensed)*
		Acute	*Subacute*	*Crisis Res.* / *Extended Res.*			
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Urgent Care Centers	Acute Inpatient Psych	Subacute, State Hospitals	Crisis Residential Treatment Programs / Enriched Residential Services (ERS)	Enriched Residential Care (ERC)	Interim Housing	Permanent Supportive Housing
Health Services LOS ANGELES COUNTY	Psych ERs	Acute Inpatient Psych	ODR Beds		Enriched Residential Care (ERC)	Stabilization Housing, Recuperative Care	Permanent Supportive Housing
County of Los Angeles Public Health SAPC	Sobering Centers	Inpatient Withdrawal Management		Residential Withdrawal Management / High/Low Intensive Residential		Recovery Bridge Housing	
LOS ANGELES COUNTY JUSTICE CARE AND OPPORTUNITIES DEPARTMENT						Reentry Interim Housing, Interim Housing with DMH FSP, Diversion Housing	Breaking Barriers (Rapid Re-Housing)
LAHSA						Bridge Housing, Shelters, Motel Vouchers	Rapid Re-Housing and Shallow Subsidy

High ← **Acuity** → Low

Other relevant departments with beds include: DPSS, DCFS, and Probation

Mental Health

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	Treatment Beds					Housing Beds		
	Crisis Receiving & Stabilization	**Acute Inpatient/ Subacute**		**Crisis Residential/ Extended Residential**		**Licensed Residential Care**	**Interim Housing**	**Permanent Housing**
	Up to 24 hours (licensed; except sobering center)	*Hospital level care (licensed)*		*Residential with onsite clinical/treatment services (licensed)*		*Residential "board and care" (licensed)*	*Shelter w/ supp. services (unlicensed)*	*Permanent housing with supportive services (unlicensed)*
No. Beds								
Current Existing	Psych ERs **130** Adult **36** Adol	Acute Inpatient Psych **2,217** FFS **127** SD **48** PHF	Subacute, State Hospitals **1,467** *(avg census)*	Crisis Residential Treatment **184**	Enriched Residential Services **385** *(avg census)*	Enriched Residential Care **766**	Interim Housing **684**	Permanent Supportive Housing **4,658**
Funded – In Development	**12** *(youth chairs)*	**85**	**58**	**132**	**15**	**577**	**106**	**2,267**
Historical Rate per Bed per Day	**$3,528-5,616**	**$895 – 1,277**	**$375-650**	**$487-895**	**$212-249**	**$6-128**	**$50-208**	**$9-83**
Target Populations	• Psychiatric crisis clients • Danger to self/others (DTS/DTO) or gravely disabled • ALOS < 24 hrs • Locked	• Psych crisis • DTS/DTO • ALOS 7-10 days • Locked	• Can't manage in community • Need 24hr nursing • ALOS 18 mos	• In crisis but accepts voluntary treatment • ALOS 30 days	• Can manage ADL but still needs support • Open setting • ALOS 12 mos	• SMI adults needing 24/7 care & supervision	• Homeless SMI adults & their children	• SMI clients including TAY, adults, older adults, families & veterans

High ← **Acuity** → Low

FFS = Fee For Service SD = Short Doyle PHF = Psychiatric Health Facility

Bed Factor #1: IMD Exclusion

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- The IMD exclusion is a long-standing policy under Medicaid (Medi-Cal) that prohibits the federal government from providing federal Medicaid funds to states for services rendered to certain Medicaid-eligible individuals who are patients in IMDs
- The term 'institution for mental diseases' means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services for individuals age 18-64
  - Includes free standing acute psychiatric hospitals and long term subacute facilities
  - There are currently 13 acute psychiatric hospitals and 18 subacute facilities
- Practical implications of IMD exclusion: Only funding source for these facilities is Realignment funding
- DHCS California Behavioral Health Community Based Continuum Demonstration
  - One provision is to seek approval for short term stays in IMDs and designated psychiatric facilities with more than 16 beds, as long as they meet certain standards (building out community-based care and ensure institutional settings care is high quality and time limited)

Health Services

Health Services
LOS ANGELES COUNTY

	Treatment Beds		Housing Beds		
	Crisis Receiving & Stabilization	**Acute Inpatient/ Subacute**	**Licensed Residential Care**	**Interim Housing**	**Permanent Housing**
	Up to 24 hours (licensed; except sobering center)	*Hospital level care (licensed)*	*Residential "board and care" (licensed)*	*Shelter w/ supp. services (unlicensed)*	*Permanent housing with supportive services (unlicensed)*
No. Beds					
Current Existing	Psychiatric Emergency Services **76**	Acute Inpatient Psych **126** DHS **16** OV/ODR	Sub-acute Beds **28** ODR	Enriched Residential Care **651** HFH **343** ODR	Stabilization Housing **1,582** HFH **1,772** ODR Recuperative Care **711** HFH **12** ODR	Permanent Supportive Housing* **3,910 (17,150)** HFH **715** ODR
Funded – In Development				**225** HFH **0** ODR	**292** HFH **566** ODR	**425 (5,295)** HFH **536** ODR
Historical Rate per Bed per Day**	**n/a** *(directly operated)*	**n/a** *(directly operated)*	**$300-400**	**$100-140**	**$75-100** Stabilization **$150-200** Recuperative **$100-200** ODR	**$50-75**
Target Populations	• Individuals seeking (or on WIC involuntary hold for) an evaluation for acute psychiatric hospitalization	• Primarily FIST clients diverted from jail	• FIST clients diverted from jail	• Unhoused PEH with physical & behavioral health needs • Persons diverted from LA Co. Jail; Disability Applicants; Formerly Incarcerated	• Unhoused PEH with physical and behavioral health needs. • Persons diverted from LA Co. Jail	• Unhoused PEH with physical & behavioral health needs • Persons diverted from LA Co. Jail • Disability Applicants • Medi-Cal high utilizers • Formerly Incarcerated • PEH living with HIV/AIDS

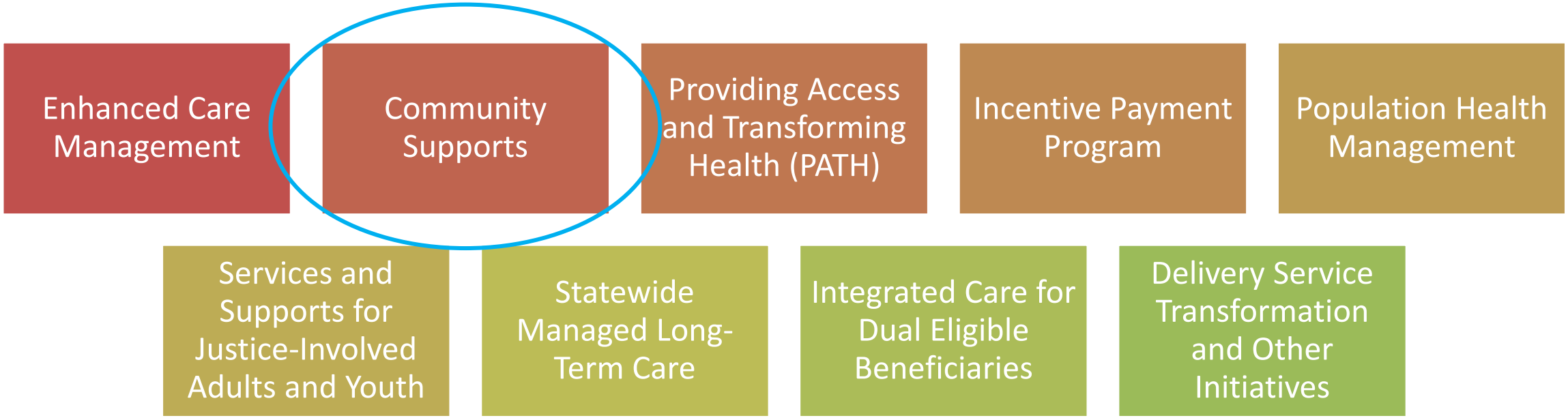
High ← **Acuity** → Low

* The first number outside parentheses (e.g., 3,910 and 425) are those units funded through local FHSP rental subsidies; numbers inside parentheses represent total PSH, including those funded by federal subsidies (i.e., there are an additional 13,240 PSH units currently operational and an additional 4,870 units in development funded with federal subsidies). All 17,150 current and 5,295 future units receive Intensive Case Management Services through DHS-HFH. PSH numbers here exclude those funded (and intake controlled) by DMH and JCOD.

** Cost estimates exclude administrative and overhead costs.

Bed Factor #2: CalAIM

CalAIM Initiatives



CalAIM: Community Supports Launch Dates

Health Services
LOS ANGELES COUNTY

Community Support Service	LA Care	Anthem	Blue Shield Promise	Kaiser	Health Net	Molina
Housing Transition Navigation Services	January 2022	January 2022	January 2022	January 2022	January 2022	January 2022
Housing Tenancy & Sustaining Services	January 2022	January 2022	January 2022	January 2022	January 2022	January 2022
Meals/Medically Tailored Meals	January 2022	January 2022	January 2022	January 2022	January 2022	January 2022
Recuperative Care (Medical Respite)	January 2022	January 2022	January 2022	January 2022	January 2022	January 2022
Housing Deposits	July 2022	January 2022	January 2022	January 2023	July 2022	July 2022
Sobering Centers	July 2022	July 2022	July 2022	July 2022	January 2022	January 2022
Personal Care & Homemaker Services	July 2022	July 2022	January 2022	January 2023	January 2023	January 2023
Respite Services	July 2022	July 2022	January 2022	January 2023	January 2023	January 2023
Asthma Remediation	July 2023	January 2022	July 2022	TBD	January 2022	January 2022
Environmental Accessibility Adaptations	January 2023	January 2022	January 2022	January 2023	July 2022	July 2022
Short-term Post Hospitalization Housing	Delayed	July 2022	January 2022	TBD	January 2023	January 2023
Day Habilitation	Opted Out	January 2024	July 2022	TBD	January 2023	January 2023
Nursing Facility Trans/Div to Assisted Living	January 2024	January 2023	January 2023	TBD	January 2023	January 2023
Nursing Facility Trans/Div to Home	January 2024	January 2023	January 2023	TBD	January 2023	January 2023

LEGEND: Implementation Health

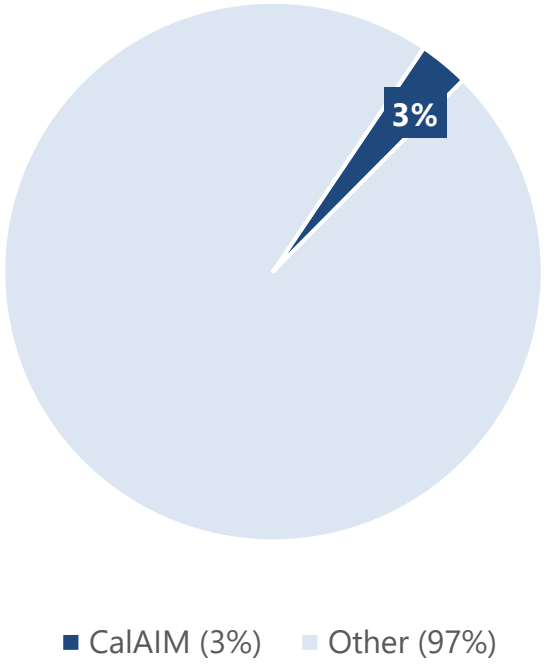
Fully Operational — Facing Issues

Percentage of CalAIM Revenue v. Expenditures

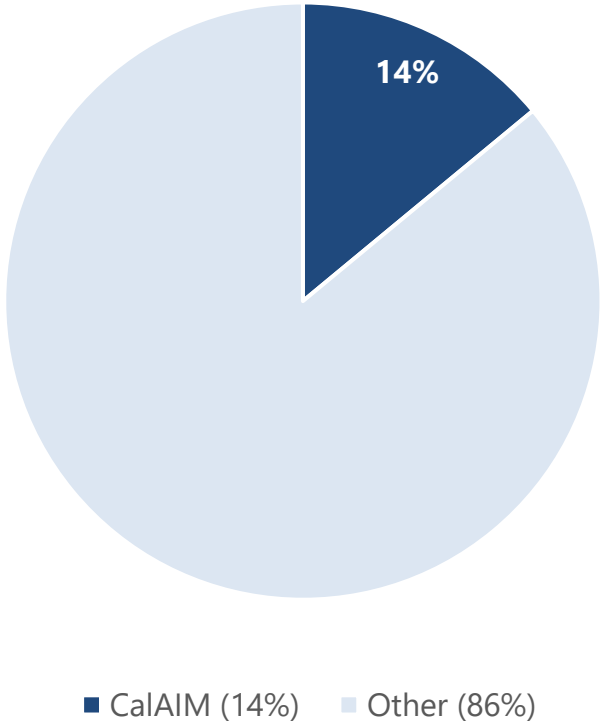
FY 2022-2023 (annual projection)

Interim Housing

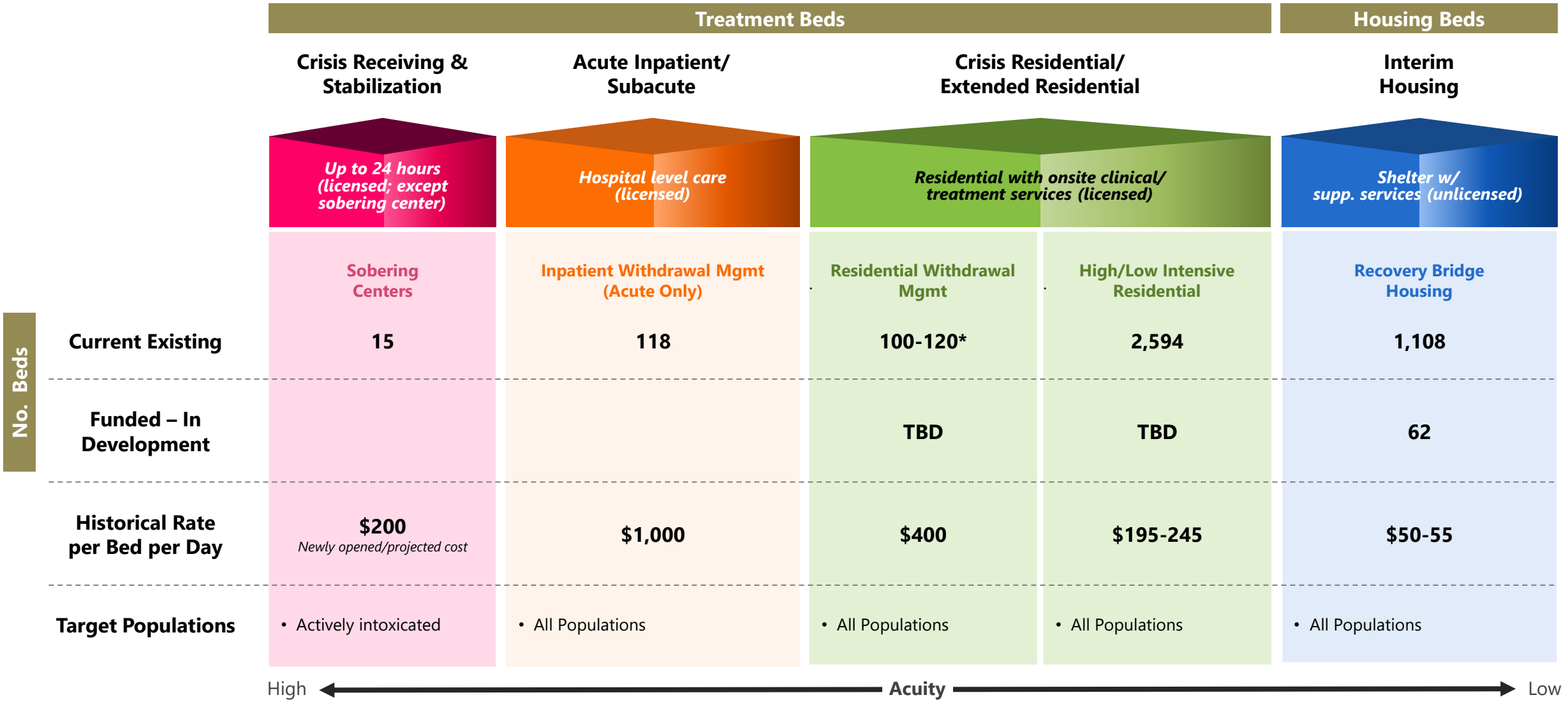
(incl. Recuperative Care)



Permanent Supportive Housing



Public Health / SAPC



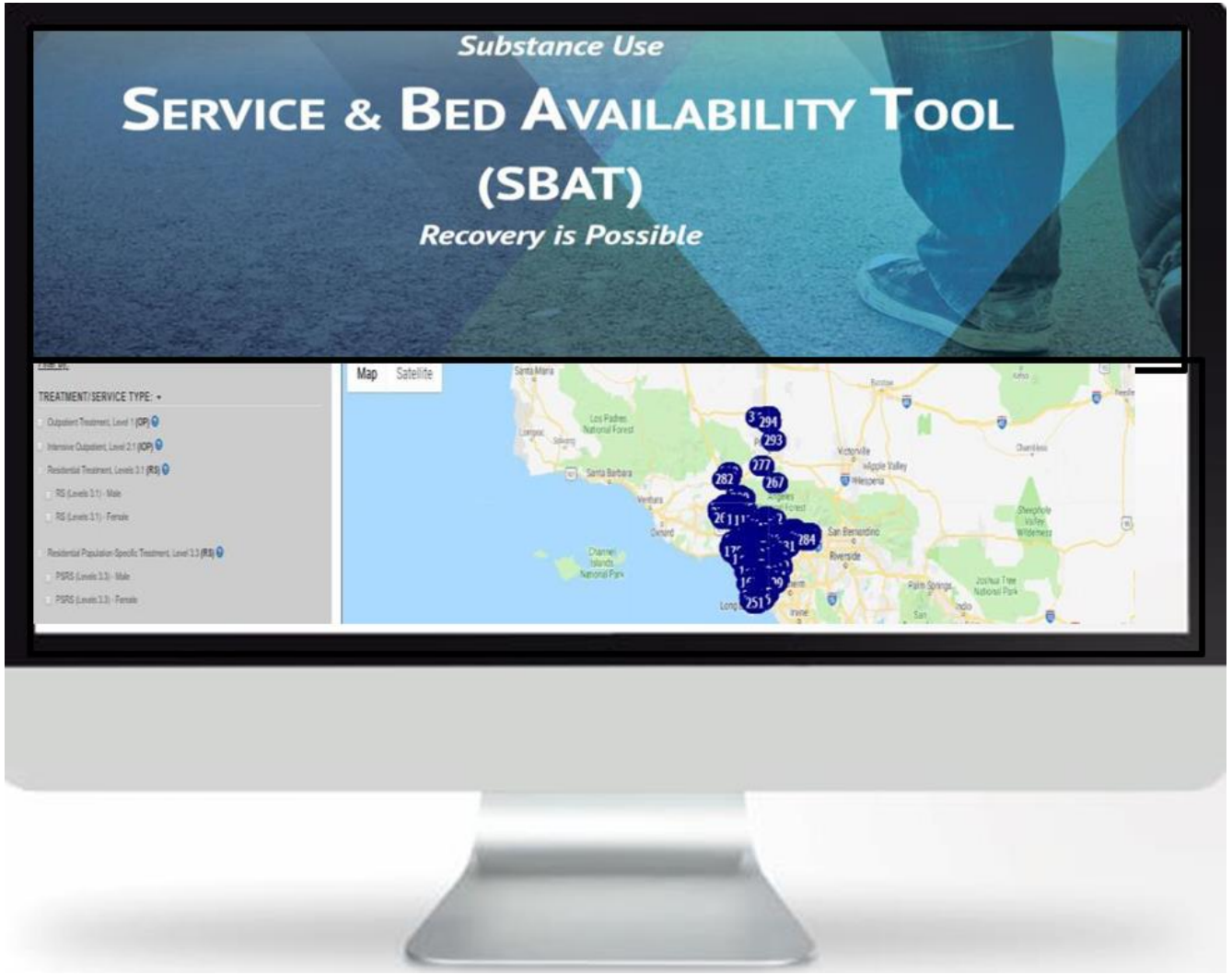
* These beds are estimated and are included in the total number of Extended Residential bed count

DPH-SAPC's Service and Bed Availability Tool (SBAT)

The SBAT allows anyone with internet to find SUD treatment services, bed availability, and the contact information for publicly funded specialty SUD treatment sites across the County.

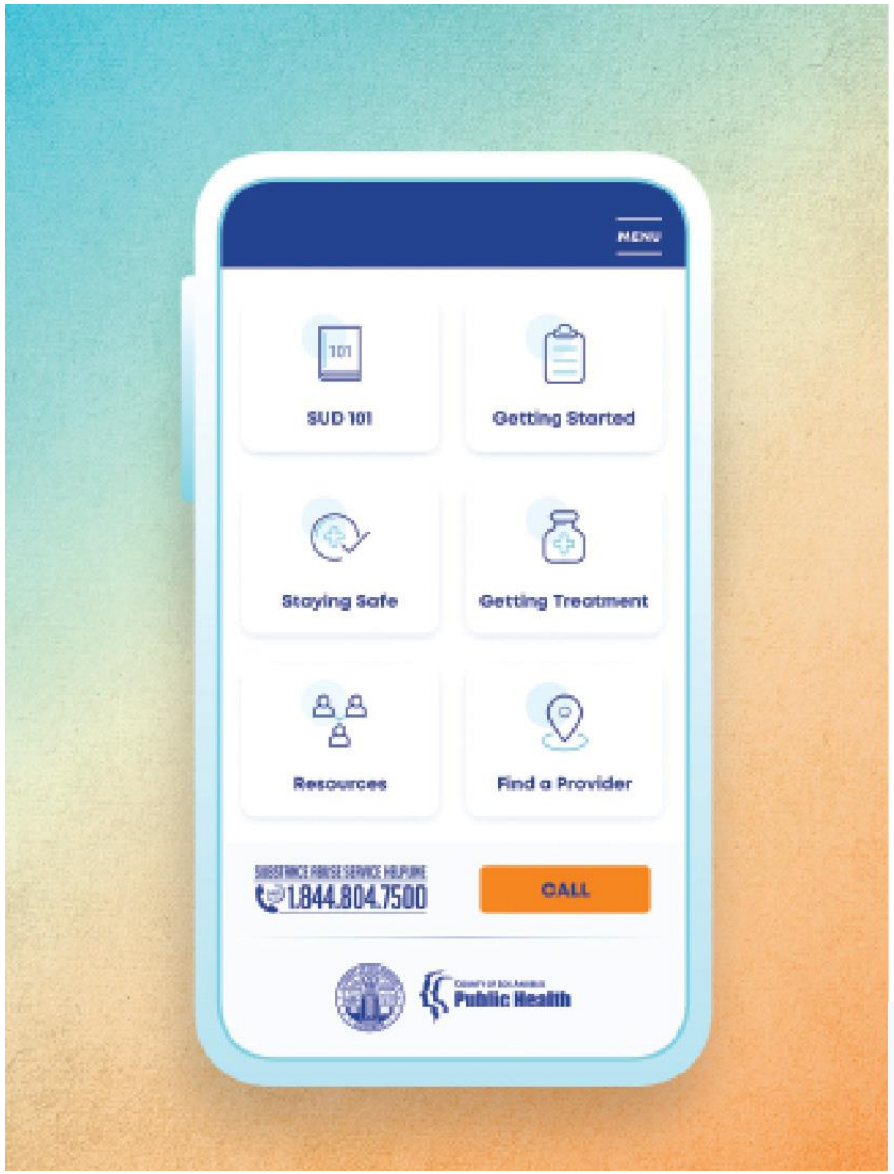
Filter by:

- Distance
- Treatment/Service Type
- Languages Spoken
- Clients Served (e.g. youth, perinatal, disabled, LGBTQIA, homeless, re-entry, etc.)
- Night/Weekend availability



https://sapccis.ph.lacounty.gov/sbat/

RecoverLA.org Mobile App



- Award-winning and free mobile app that includes the functionality of the SBAT as well as other SUD resources
- Provides education and resources for those seeking substance use services for themselves or others
- Allow for direct call option to the 24/7 Substance Abuse Service Helpline (SASH)
- Available in 13 languages

RecoverLA.org

QR code can be used to access the app as well

Bed Factor #3: Medical Necessity

- Medical necessity is used by health insurers to ensure that covered services are necessary and clinically appropriate.
- Under Medi-Cal, medical necessity usually involves the combination of ensuring an appropriate diagnosis, consideration for the severity of that condition, and consideration that the condition is treated in a setting that is appropriate for both the condition and the severity of condition.
  - For example, medical necessity for SUD treatment under Medi-Cal requires the diagnosis of a substance use disorder and a multi-dimensional (physical health, mental health, substance use needs, relapse potential, withdrawal potential, environmental needs, etc.) clinical assessment to determine the severity level and clinical needs of that SUD, and then an assessment to match that clinical need with an appropriate treatment setting or level of care.
- Medical necessity for Medi-Cal is set by the State (Department of Health Care Services) and at the federal level (Centers for Medicare and Medicaid Services), and when services do not meet the medical necessity standard, they are not reimbursable through Medi-Cal, meaning that the County would not receive reimbursement for those services.
- Medical necessity is generally managed through an authorization process at the County-level; state and federal audit reviews will disallow costs for extended residential and inpatient stays that do not meet medical necessity criteria.

LA County Beds Summary

Current, In the Pipeline, and Costs/Funding

	Level of Care	Target Population	Current Existing	Funded - In Development	Historical Rate per Bed per Day*	Funding Sources**
Treatment Beds	**Crisis Receiving & Stabilization**	Individuals in crisis who need observation, stabilization, and connection to follow up care	257	12	$200-5,616	FFP, MHSA, Realignment, SGF, AB109, Medi-Cal Specialty Mental Health
	Acute Inpatient	Individuals with the most acute behavioral health needs	2,652	85	$895-1,277	FFP, Realignment, SGF, Medi-Cal Specialty Mental Health, DSH, SABG, DMC, AB109
	Subacute	Individuals no longer meeting criteria for acute care, but can't yet live safely in the community	1,495	58	$300-650	Realignment, DSH
	Crisis Residential	Individuals in acute crisis but whose needs can be met in a residential, voluntary, non-hospital setting	304	132	$400-895	FFP, MHSA, Realignment, SABG, DMC, AB109
	Extended Residential	Individuals who require medium to long-term residential treatment but can live safely in a community setting	2,979	15	$195-249	FFP, MHSA, Realignment, SABG, DMC, AB109
Housing Beds	**Licensed Residential Care**	Individuals who need permanent housing plus around-the-clock non-medical care/supervision	1,760	802	$6-140	MHSA, SAMHSA, CCE, Measure H, AB109, CFCI, CalAIM, HHAP, ARPA, DSH, NCC, HDAP, SAM, AHP, HHIP
	Interim Housing	Individuals who need immediate housing, with varying levels of supportive services onsite	5,869	1,026	$50-208	MHSA, Measure H, CFCI, CalAIM, NCC, HHAP, HDAP, ARPA, Metro, AB109, DSH, Probation, Cities, SABC, Realignment
	Permanent Housing	Individuals who need permanent housing	22,523	8,098	$9-83	MHSA, Measure H, AB109, CFCI, CalAIM, HHAP, ARPA, DSH, HDAP, NCC, HHC, SAM, AHP, DHSP
		Total	**37,839**	**10,228**	**$9-$5,616**	

* This does not include all County-funded services provided to clients placed in these beds (e.g., outpatient services for clients in housing).

** This is a representative but not exhaustive list of funding sources utilized.

See Appendix at end for explanation of funding acronyms

Additional Challenges

- **Licensing, payor rates/restrictions, and regulatory requirements** limit flexibility/options and changes often require state/federal policy and system changes.
- Mental illness and substance use disorders are chronic health conditions that may have **residents cycling** through a continuum of services multiple times.
- **Staffing shortages** and training needs limit quick expansions of certain services for directly operated and contracted entities.
- Reimbursement for many bed/services are changing beginning July 1 under **CalAIM's Behavioral Health Payment Reform** and will require adjustments by the County and contracted providers.
- **MHSA Modernization Proposal** would shift the funding allocations which may impact service delivery
- **Siting challenges** (e.g., NIMBYism)

Next Steps

- The Department of Mental Health, Department of Health Services, Department of Public Health, Justice, Care and Opportunities Department, and the Homeless Initiative will provide **periodic updates** on the status of their mental health, substance use disorder, and housing beds

- The **August update** will focus on Homeless Initiative, DPSS, Probation, DCFS (transitional aged youth) and JCOD beds as well as an updated timeline and progress on the JCOD Bed and Services Availability App

Appendix: Acronyms Used In This Presentation

Funding Acronyms

ACR	Alternative Crisis Response
ARPA	American Rescue Plan Act
CCE	Community Care Expansion
DHSP	Division of HIV and STD Programs
DMC	Drug Medi-Cal
DSH	Disproportionate Share Hospital payments
EPSD	Early Period Screening Detection
FFP	Federal Financial Participation
HDAP	Housing and Disability Advocacy Program
HHAP	Homeless Housing, Assistance and Prevention Grant
HHC	Housing and Homelessness Committee
HHIP	Housing and Homelessness Incentive Program
MC	Managed Care
MHSA	Mental Health Services Act
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SGF	State General Fund

Other Acronyms

ALOS	Average Length of Stay
FFS	Fee For Service
DTO	Danger to Others
DTS	Danger to Self
PHF	Psychiatric Health Facility
SD	Short Doyle
SMI	Severely Mentally Ill
TAY	Transitional Age Youth